

Case Number:	CM13-0015416		
Date Assigned:	09/27/2013	Date of Injury:	09/13/2009
Decision Date:	01/24/2014	UR Denial Date:	07/27/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Toxicology and Addiction, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47 year old female with a date of injury of September 13, 2009. The patient is complaining of pain in right shoulder, left shoulder and back. She also has had pain in the neck/paraspinal region. She has undergone a work up to determine the etiology. These included an MRI and electromyogram and nerve conduction velocity (EMG/NCV). Her multiple diagnoses include: "Chronic thoracic sprain, right shoulder impingement syndrome, right supraspinatus/infraspinatus tendinosis, bilateral shoulder sprain, degenerative disc disease, L5 radiculopathy". The medication in dispute is 30 Lidoderm Patches (through Express Scripts 800-945-5951) between July 15, 2013 and September 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

30 Lidoderm Patches (through Express Scripts 800-945-5951), between July 15, 2013 and September 8, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-58.

Decision rationale: Per the California Chronic Pain Medicaid Treatment Guidelines, Lidoderm patches are not a first line treatment for chronic pain. The FDA has approved it only for post-herpetic neuralgia. The patient was prescribed Lidoderm patches previously without much positive benefit. Even though L5 radiculopathy was documented, the pain distribution does not follow the dermatomal territory. Further treatment is needed to recommend this treatment for chronic neuropathic pain disorders. Therefore the request for 30 Lidoderm Patches is not medically necessary and appropriate.